

PART B - FEE(S) TRANSMITTAL

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20995 7590 06/14/2007
KNOBBE MARTENS OLSON & BEAR LLP
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IRVINE, CA 92614

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/518,018	12/15/2004	Kimiya Shinki	TOYA108.008APC	7375

TITLE OF INVENTION: INTERLEUKIN-6 SUPPRESSIVE AGENT

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/14/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LILLING, HERBERT J	1657	424-094400				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe, Martens,
Olson & Bear, LLP
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Morinaga Milk Industry Co., Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee **(1400+300+30)**

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to endorse any deficiency or overpayment, to Deposit Account Number **11-14710** (enclose an extra copy of this form).

5. Change In Entry Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Chereshkin*

Date Sept. 7, 2007

Typed or printed name Chereshkin

Registration No. 41,466

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